



# HOVERCAM

getting you closer to the action

## Footage Request Form

Date: .....  
Name .....  
Company Name .....  
Address .....  
Postcode .....  
Email: .....  
Tel: .....

Footage needed by: .....

- Format Required:
- |                          |                       |                          |      |
|--------------------------|-----------------------|--------------------------|------|
| <input type="checkbox"/> | HD (XDCAM EX1)        | <input type="checkbox"/> | 16:9 |
| <input type="checkbox"/> | HDV                   | <input type="checkbox"/> | 4:3  |
| <input type="checkbox"/> | DV CAM                | <input type="checkbox"/> | PAL  |
| <input type="checkbox"/> | DV                    | <input type="checkbox"/> | NTSC |
| <input type="checkbox"/> | Other (specify below) |                          |      |

Description of requested footage:

Notes: